



Learning by Inquiry: Sexual & Reproductive Health Field Experiences from CARE in Asia

*“Questioning can change institutions and entire cultures.
It can empower people to create strategies for change.”*

*“Asking a question that leads to a strategy for action
is a powerful contribution to resolving any problem.”*
(Fran Peavey, 1999)

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Tell us what you think

All comments on this report are welcome.

Is this information useful?

Is this a subject you are interested in?

Is there anything else you would you like to read?

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Introduction

Access to contraception, provision of sexual health care, HIV prevention, poverty alleviation, disaster management, child immunization, safe motherhood ...

All CARE interventions begin with a desire for social justice. Ultimately, CARE is working to create a world in which people are not discriminated against or disadvantaged because of things such as gender, skin color, ethnicity, sexuality or social class. To realize this vision, CARE must challenge inequities and help create positive change in the lives of vulnerable and disadvantaged people. CARE's mission, vision and Programming Principles are all based on this.

Interventions that CARE helps implement have led to improved lives for marginalized and vulnerable people. But to fully address inequity, CARE must still help create enormous changes. That means CARE must keep challenging itself, pushing its work forward. As part of this process of continuous improvement ("organizational learning"), staff members are being asked to adopt a different kind of programming. The Programming Principles introduced in 2003 are part of an increasing focus within CARE on process analysis and qualitative issues, not on outputs that can be numbered and counted.¹

In other words, keep digging below the surface. Getting rid of a thorny plant means digging right to the roots; it is not enough to just cut back the branches! But sometimes, fears of "getting it wrong" and other work pressures can leave staff unsure of how to deal with questions like:

- What do we really know about what is happening at field level?
Do our project designs really achieve their intended effect?
- Why are we implementing projects this way?
- How do social and personal relationships in and around the project work?
Who holds what power?
- Are we contributing enough to the creation of positive change in people's lives?
How could we do more?

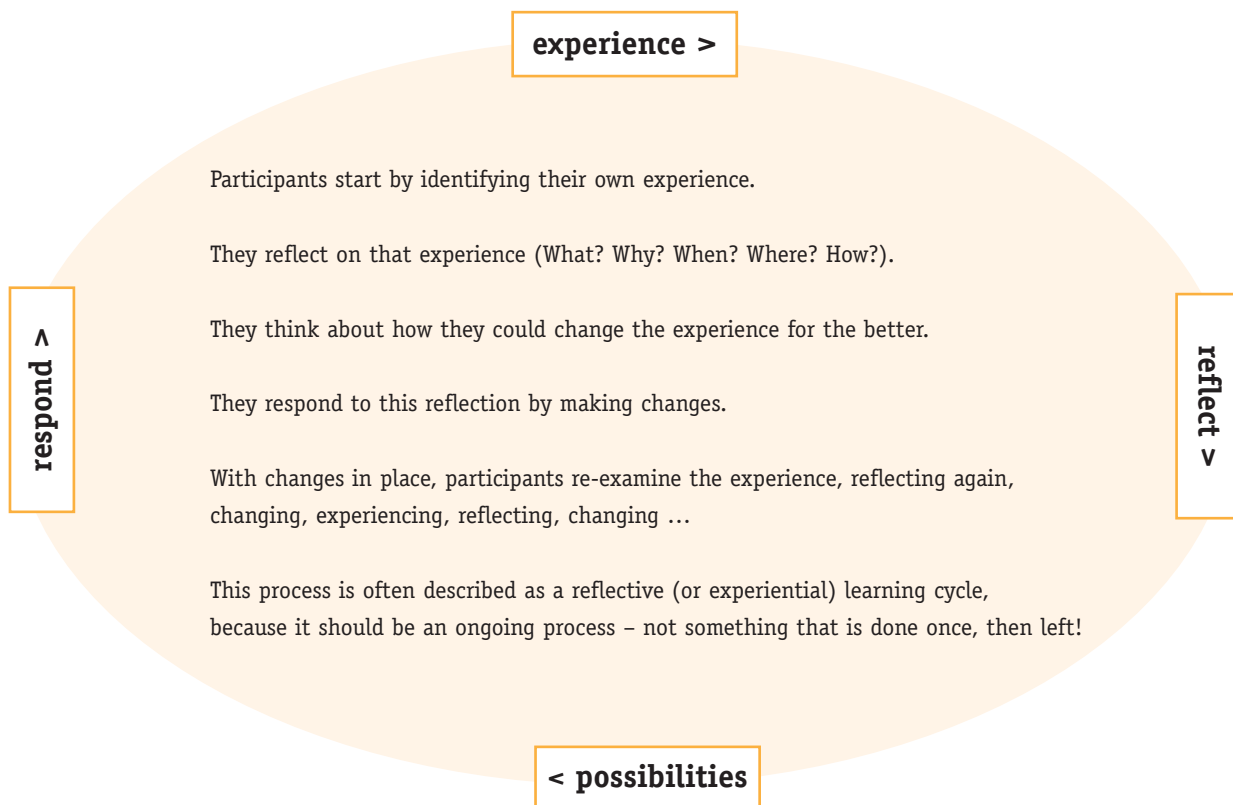
These are not easy questions – and there are no simple answers. But by asking such questions throughout the project cycle, and looking for answers and amending work as a result, staff can increase project impact. Making one set of changes, however, is not enough. Staff must keep asking questions. Do the changes work? If so, who do they benefit? How? Where is the power now? Have inequities changed? And what else can be done to create greater change in people's lives?

This approach is often referred to as "reflective learning," or learning by inquiry. It is closely linked with organizational learning.

¹See Appendix.

A basic description of 'reflective learning'²

Reflective learning is an ongoing process in which participants in a situation – staff members implementing a project, for instance – take time to examine their experiences, to reflect on those experiences, to think how things might be different, to think through these possibilities and to try out what seems to be the best option. But this is not the end: Trying that option becomes another experience in itself – to study, reflect upon, etc. Reflective learning is also the main principle behind Participatory Action Research (PAR).



Example

“How are we operating our sexually transmitted infections (STI) referral service for young men and women? Is it contributing to positive change in people’s lives? Are there any gaps?”

The people implementing this service (particularly those who work in the field) would try to describe what actually happens in the day-to-day operation of the referral service and reflect on how the service works. For instance, do they know if service providers treat clients with respect? Do expected beneficiaries only want STI treatment, or do they want broader sexual health care

²Based on the reflective (or experiential) learning cycle work of Kolb, built on by Moon and others (David A Kolb, 1984; Jack Mezirow, 1998; Jenny A. Moon, 1999; Edgar H. Schien, 1980; Donald Schon, 1987 et al), and drawing heavily on concepts of Participatory Action Research – particularly the work of Wadsworth and Peavey (Fran Peavey, 1999; Yoland Wadsworth & Fran Peavey, 2004). See Appendix D.

Field-based workers should be encouraged to express their ideas for adapting the service. These ideas need to be talked through, from as many angles as possible. It is not enough, for instance, to say “clients must participate more.” How will this happen? Who will be responsible for what? Who should be responsible? Who will have power? What do staff members really know about clients and their preferences? How can these views be included? Are clients not participating because they do not want to be stigmatized by using something clearly promoted as an STI service, which includes promotional leaflets featuring pictures of STIs?

Once all possibilities have been carefully talked through, staff members should take action. They need to carefully monitor their efforts to see if anything changes as a result. If there has been change, is it positive or negative? Who has benefited or suffered? Has implementing this change shown a gap somewhere else in the service? Say the STI leaflets have been redesigned, and the service is repositioned as a general sexual health service, which includes treatment of STIs. But people using the service do not promote it to friends. Why? Is it because the service providers still disrespect their patients for having had sex before marriage?

It is a process of continuous questioning, reflecting and responding as well as respecting individual notions of how the world works. As a CARE India staff member said: “Staff carry this understanding in bits and pieces inside them, but we never really focus on their interconnection and implications.”



What is this paper for?

Throughout Asia, CARE country offices are doing interesting and innovative work, often in very difficult circumstances. This paper tries to capture some of that good work in three of those country offices, which are taking different approaches to learning by inquiry. In addition to case studies from each country, there is a brief analysis of some shared themes arising from the work examined. The paper also suggests further reading and resources for those interested in making their own work more reflective.

The case studies come from Myanmar, India and Bangladesh. Though this work has been carried out in Sexual and Reproductive Health and HIV programs, the methods and lessons learned are highly relevant and transferable to other program areas. This document should encourage country offices to be more contemplative about their own work, in all program areas.

In these three countries, the aim was to ask questions about what lies underneath – what is hidden from view. Staff members reflected on the reasons behind their work, questioned how that work was being done and, most important, used the results of this exercise to deepen and develop current or future work. All three country offices are now committed to working in a more reflective way.

This is *not* a “how-to” guide.

There is no one way of developing reflective learning skills; learning by inquiry is an ongoing process. Nor is this report intended as a briefing paper on the theories and concepts behind critical thinking and learning. A large body of work already exists in these areas. (There are selected references at the end of this paper.)

Working paper methodology³

“But we ALREADY do:

Qualitative research or

Participatory Rural Appraisal or

Participatory Learning in Action or

Household Sustainable Livelihood Analysis or

Gender analysis or

Social analysis or

Strengths, Weaknesses, Opportunities, Threats analysis, while taking a Rights-Based Approach.

Isn't that ENOUGH?”

The methodologies and approaches above all offer highly useful techniques for asking questions and trying to change inequitable social and personal relationships. But sometimes, people worry so much about getting methodologies and approaches right, they focus on the steps of the process rather than on why and how such processes should be used to change everyday practice. These processes are tools, just like computers. Tools can help staff members in their work, but only if staff think carefully about what they need these tools to do and why – before they use them, and while they use them. Otherwise, staff might end up with a good-looking result that took lots of resources to produce but is not very useful in supporting day-to-day work.

Reflective learning can be incorporated into everyday work by the thoughtful use of qualitative methodologies such as Participatory Learning in Action (PLA), Participatory Rural Appraisal (PRA), gender analysis or social analysis. Increased reflective learning might also use bits of each methodology to make something new – to suit a local context, for example. It might even happen simply by asking different questions on project report forms or by developing logframes that leave room for change.

Whatever form it takes, reflective learning should ultimately be a part of the whole project cycle, not just something brought out for a special research project. Keep digging below the surface!

³This document is based on minutes from workshops, analysis of report findings, discussions and interviews with country office staff, and personal reflections of the authors, all of whom have been involved in different parts of the work in these case studies.

Case studies

Myanmar: the 'why' question

Background

This case study looks at how reflective learning was integrated into two very different efforts:

- A review of project processes, leading to development of funding proposals
- A review of peer education practice

In early 2004, two CARE Myanmar HIV/AIDS projects had to develop proposals for funding extensions. Both projects were running fairly smoothly, and these extensions provided a valuable opportunity to extend and deepen the quality of their work. As a first step, the project managers decided to qualitatively examine what their projects had been doing.

As usual, time was short, and the funding proposal formats required English language “development-speak.” Staff members also felt they needed help taking a fresh look at the projects. Between them, the project staff found funding to rehire a consultant who had previously worked with staff on qualitative research. This effort led to a general review of peer education in the health program, concentrating on the field level.

“I’m scared of that question: ‘Why?’ ”

Outreach Worker

How did staff develop a more reflective approach?

This work focused on (1) identifying what was happening in the field and (2) encouraging staff members to both reflect on what they thought were strengths and weaknesses of these activities and (3) thinking about how they could be improved.

A conscious decision was made to focus on the project staff rather than project participants. Not only was it important for staff members to reflect on their work, it would have been unfair and unrealistic to assume they did not have the same questions and concerns as their fellow community members.

Staff members attended two workshops, in which they broke into smaller groups. Here they often used listing and ranking or other participatory techniques, then shared their work with the entire group.⁴ The facilitator encouraged staff to examine issues from different angles including a more personal, and less technical, viewpoint. An amended version of the Most Significant Change (MSC)⁵ approach to qualitative monitoring and evaluation was the starting point.⁶ Throughout the workshops, the most common question – and one that is often very hard to answer – was “why?”

⁴ For an example, see Appendix B. The Readings and References section includes more on participatory work.

⁵ The most significant change approach is a participatory monitoring and/or evaluation system that is not based on indicators. It draws meaning from actual events and therefore able to deal with the unexpected. The method enables the selection of stories that capture changes in the lives of beneficiaries, their colleagues and in the character of their participation, as well as a range of other participants and stakeholders. The method also helps identify how change happens and why.

⁶ See Appendix A (“Self-help Guide to MSC”) and the References and Resources section for more on MSC.

Reviewing project processes

In this workshop, 20 outreach workers (12 female) and one junior program officer were asked to write about significant change they had noticed in the last year and explain why they thought the change had occurred. The project works predominantly with young women employed in factories, food processing plants and golf clubs (sites of indirect sex work).

The stories they wrote were collected and discussed, then the workgroups selected the stories they thought were most significant. The stories that were chosen, and the reasons for their selection, were shared and six themes of positive change identified:

- Improved attitudes among women toward condoms and condom use
- Increased knowledge of HIV/AIDS and other STI transmission and prevention
- More open attitudes among workers toward discussing sexuality
- Increased sexual health-seeking behavior among male and female workers
- Increased trust between workers, managers and CARE staff
- Reduced discrimination against people living with HIV/AIDS

From 'project-speak' to real life

During a workshop with outreach workers, the facilitator asked them to explain why their project implementation included condom distribution. The workers repeated almost word for word the type of language found in project design documents. One of the main aims, they said, was to “decrease stigma attached to women and condoms.”

The stigma attached to women having anything to do with condoms was well described by the personal experience of female outreach workers who do condom distribution work. Some said men teased them and tried to grab and hold their hands. Others said their friends told them not to distribute condoms because people would think they were not virgins and that would bring shame on their families.

But one woman said some men preferred to receive condoms from females because they felt “like brother and sister.” The facilitator asked how many of the women had brothers, and all the women’s hands shot up. When the facilitator asked, “Which of you would give condoms to your brothers?”, all their hands stayed up. Many of the women said they had already given condoms to their brothers. When the male workers were asked who had sisters, they all put their hands up. Then there was a groan, because the next question was, “How many of you would give condoms to your sisters?” All hands went down, prompting a discussion about stigma and assumptions regarding what “type” of women might use condoms. Asking questions about their personal experiences helped the outreach workers think about their own values.

After the stories had been discussed and categorized, participants compared the project’s key objectives with these themes.

Objective

Change?

Objective One: Employers and managers accept the value of and need for work-place HIV/AIDS interventions and less discrimination.

Many of the stories demonstrated widespread acceptance among employers and managers in the workplace project. But few stories related the need for them to address discrimination.

Objective Two: Workers adopt safer sexual and health-seeking behaviors

Some stories related changes in sexual health seeking, but very few related sexual behavior change.

Objective Three: Women demonstrate increased self-confidence in dealing with selected aspects of sexuality.

A large body of stories related significant changes in women’s willingness to talk about sexual health and sexuality, particularly their willingness to touch condoms and practice using condoms on a wooden penis model.

Linking the stories to the project’s key objectives helped participants see that the project was helping overcome cultural barriers to talking to women about sexual health, particularly by encouraging women to think of condoms as a positive option, rather than something only for “dirty” sex. At the start of the project, no one had thought this amount of change could happen this quickly. But it was also clear that the project now needed to intensify its work promoting behavior change. Participants discussed ways they could improve their work and the results of these discussions fed into the project funding extension proposal.

Reviewing peer education (PE) work

Health program staff members decided to review and refine PE strategies after they agreed to take a more reflective approach to their work. As one part of the review, a workshop was held with 15 outreach workers (eight female) who were providing peer education to other young people. It became apparent that they knew the facts of HIV transmission and prevention, but that facts alone were not enough to help them respond to many questions they hear on the job.

In a listing exercise, outreach workers split into male and female groups and came up with lists of questions they had found difficult to answer. The table on the following page includes two of these questions and the process by which the groups addressed them. This is not to suggest that these are the only answers to these particular problems, but that they are the result of thoughtful examination that revealed broader issues to deal with.

Questions: Male**Process of probing/responding**

How can we tell if a girl is a virgin or not?

Facilitator probed: Why do men want to know this?
 Replies: Because men want to marry virgins, and because if a woman is a virgin, then she will not infect the man.
 Facilitator probed: Why do women have to be virgins when they marry and not men? One outreach worker said, "For the dignity of the man." Facilitator probed: What do other men think? If they married for love, would it matter if the woman was a virgin or not? One outreach worker strongly responded that love is most important; he wouldn't care if woman was a virgin.
 Facilitator asked: "Which men would marry a woman who was not a virgin, if they loved her?" The majority of men raised their hands. Facilitator referred staff back to CARE's Programming Principles, specifically to CARE's commitment to address discrimination.

Identifying underlying issues:

Taking a deeper look at this question allowed identification and brief discussion of a significant gender inequity related to sexual behavior. It also encouraged outreach workers to look honestly at their own values and assumptions regarding this gender-based inequity. While such a brief process will not in itself change opinions deeply embedded in a culture, it is important that staff members are encouraged to think about their own views on these issues and can discuss them without fearing they will say the wrong thing. As a result of this discussion, the facilitator liaised with the program's gender consultant on encouraging outreach workers to identify and question their own values on sex and virginity.

Questions: Female**Process of responding**

Why do people of the same gender have sex together?

The facilitator asked for an answer, but no one responded. Facilitator probed: Why does anyone find their partner sexually attractive? Do all men find the same woman attractive? Do all women find the same man attractive? The facilitator suggested that different people have different sexual desires and illustrated this by referring to a female friend who is married to a man the facilitator does not find attractive. The story was then applied to same-gender sexual relationships: It is hard to understand someone else's relationships if you do not find their partner attractive.

Identifying underlying issues:

The question provided a valuable starting point to discussing sexuality – specifically, same-gender sex as an issue of attraction rather than immorality or abnormality. The group generally agreed that sexual attraction is a personal preference.

What were the benefits of working this way?

Evaluation comments from the workshops were overwhelmingly positive. One recurring comment was that they helped staff members question what they do, as well as think about things from a different angle.

Two project managers offered these comments:

“The approach was good in making the team think of their own work, which led to improvements in their motivation, stimulated creativity and reduced the boredom they can feel by doing repetitive work. And I think that it is necessary for the outreach workers to have enough interest in their work and to have an observant manner so they are able to notice ‘change.’ The team also got a clear sense of project strengths, weaknesses and possible solutions, which is very useful for future planning.”

“It encourages every person to think about issues somewhat in depth. We saw that there are many other ways to respond to issues by giving much time on thinking together with groups. It also depends on each individual’s attitude to improving skill, and we are not quite trained to think like that. I myself am aware of a change in my perception towards my staff – they can think and solve any problem – and I’m quite satisfied about that. For me, the strengths of this approach are: developing skills to analyze every issue and find different ways; cross-sharing of experiences among staff from different townships by trying to answer ‘why’; and discussing ‘why’ promoted team spirit.”

Challenges

One of the biggest challenges to workshop participants was finding time to attend. Although each workshop lasted only two or three days, participants had to travel and take time off from work. Often, they would be seen pulling out a sheaf of papers to start plowing through immediately after a tiring day’s workshop. One of the managers listed what he felt were the weaknesses of this approach: that it takes too much time, that brainstorming sessions can be exhausting, that one session is not enough, and that staff members need support for this kind of work when they return to the field. Indeed, there is a danger that staff will become frustrated by seeing the limitations of an existing way to work and feeling overwhelmed by the issues and/or powerless to make changes. In a reflective learning approach, it is crucial that staff members feel supported and encouraged to continue questioning, reflecting and responding once they return to day-to-day activities. This means that line managers, in turn, must be supported and encouraged – without feeling that their authority is threatened. Many line managers feel burdened with hitting targets and implementing projects as defined in the logframe. A reflective learning approach requires that the whole organization commits to asking more questions and accepts the need for field experience to drive project design and implementation, not vice versa.

A sense of relief:
Outreach workers seemed to appreciate being allowed to explore issues – and not thinking that they had to have all the answers.

However, given that most project logframes require staff to collect quantitative data, it was hard for some workshop participants to see how they could fit a more reflective approach into their everyday work. (One response, detailed in the next section, was to look at changing project reporting formats.)

Did anything change?

One significant change was that participants realized they did not need to know everything. In fact, many questions about CARE's HIV prevention and sexuality work do not have straight forward answers. Many seemed to gain confidence about questioning things, looking beneath the surface, thinking about human fallibilities and how context can affect people's perceptions and behaviors. Outreach workers in particular seemed enormously relieved that they did not need to have all the answers – one participant wrote there was “a lot of debate, no conclusive answer for many situations, which is reality” – and that they could work with one another and their peers to talk things through.

Throughout the process, participants were also encouraged to think about their values and assumptions on issues with cultural significance, instead of removing themselves from the picture and focusing on the delivery of standardized knowledge to target groups.

Problem-solving skills were also highlighted, and outreach workers were encouraged to use their field-based knowledge to come up with ideas for developing projects further. In one project, they identified “unrealistic targets” for condom distribution as a weakness. Traditionally, senior level managers would have resolved this issue. But during the workshop, outreach workers examined the problem. They first proposed that the targets be renegotiated in the project extension proposal. But they also suggested condom distribution impact could be increased using volunteers (“condom advocates”) to promote condom use among their peers – distributing condoms as a desensitizing exercise and demonstrating correct condom use. They said these volunteers should be young men, particularly young men such as bus station supervisors and trishaw drivers, who could influence other young men who may have multiple partners. This idea was thoroughly examined from all sides, adopted by senior staff and included in the project proposal.

The detailed examination of how the two projects were implemented helped create funding extension proposals that had a high level of buy-in from field staff members and reflected their awareness of the projects' weaknesses. The final proposals focused on deepening the quality of the work, rather than the quantity. Donors accepted this tact as logical and supportable.

In addition, the process evaluation (particularly the use of the MSC approach) of one of the projects showed that report formats were not capturing valuable qualitative data. In response, the project amended its reporting format, and the entire health program accepted that a review and revision of its reporting formats was needed. The project manager used changes described in the MSC stories in his monthly report. The stories were also invaluable in developing the funding extension proposal; they illustrated achievements in a very accessible, human way. For example, reading a report about changes in women's attitudes toward discussing sexual matters is much less affecting than an outreach worker's account of a woman who once felt ashamed to even look at a condom and is now taking part in condom-use demonstrations.

“Why?” is now a question asked by CARE outreach workers throughout Myanmar, not just by those who attended the workshops. It is only a small word, but it carries a lot of weight.

India: getting closer to communities

Background

Two years ago, CARE India's Reproductive and Child Health and Nutrition Programme (RACHNA) acknowledged that while staff members knew a lot about healthy behavior and service delivery, their understanding of inequities in people's lives had not been brought out in an organized way, which could then be used to improve services. Staff members were particularly concerned with finding ways to address gender inequity, such as women's lack of access to and control over resources; restrictions on their mobility; gender-based violence; and limits on their participation in socio-political processes. There was also interest in understanding health-related causes of poverty.

CARE India felt it could not address these issues on its own, so staff organized a consultative meeting with stakeholders in gender, health and rights. They were asked questions like:

- Why are many people not using available services?
- Why are conditions not improving in communities where we have worked for many years?
- Are we doing all we can do?
- How do we support communities so they achieve rights to health and well being?

How did staff develop a more reflective approach?

After the meeting, stakeholders agreed that staff needed to probe deeper into identifying and understanding social inequities that affect the most vulnerable and marginalized people. CARE India called in the International Center for Research on Women (ICRW) and Praxis, both of which have experience encouraging reflective learning through participatory, qualitative research. The reason was twofold:

- Help build a core group of CARE staff skilled in both social analysis research and critical thinking.
- Work with the staff to collect and analyze information that can be used to address gender inequities and other underlying causes of poor health.

Praxis conducted underlying-cause analysis with CARE staff in five states: Rajasthan, Uttar Pradesh, Chattisgarh, Jharkhand and Orissa. The primary research and analysis took place in communities with project beneficiaries and CARE staff. ICRW carried out additional gender analysis in two of the states, but worked with different staff to make the overall analysis as diverse as possible.

Tools are not enough

The work covered in this paper used research tools. But the emphasis was not on the tools themselves. It was on the information and understanding the tools could help staff develop – as long as they concentrated on the critical questioning, reflection and analysis needed to really use the tools effectively.

Using qualitative research tools without knowing how to listen, question and reflect is like learning how to utter the words of a different language without knowing what those words mean.

The underlying-cause analysis was based on CARE's benefits/harms framework and used a variety of PLA tools, including:

- Focus-group discussions with community stakeholders
- Key informant interviews with government representatives, partners, and formal and informal service providers
- Mobility maps
- Poverty and mortality maps (*see Appendix C*)
- Institutional assessments

For the gender analysis, CARE staff, assisted by ICRW, used Naila Kabeer's gender-analysis framework, plus tools including:

- Surveys
- Focus-group discussions
- Key informant interviews
- Profiles of who has access to and control of resources
- Body mapping
- Resource mapping
- Free lists

Before implementing the research, staff members were involved in several simulation exercises in which they played the role of research subjects. The aim was to help them develop sensitivity and awareness as well as to understand the structure, content and purpose of the tools listed above.

Investigators piloted the exercises in communities where CARE worked. They remembered to ask lots of questions to get a deeper understanding of issues that were unclear. They remembered to not only rely on the tools, but also focus on building their skills and confidence in questioning, listening, reflecting and analyzing. As a result, staff learned from the whole process. Each evening, staff members would sit together, share their experiences of the day and reflect on what they learned e.g., the mistakes they made or areas where could they have probed further. Staff members later said this was the part of the exercise they most looked forward to. It brought them closer as a team. (The male and female groups wanted to compare notes!)

What were the benefits of working this way?

Although some staff members had spent years in the field, many said the research helped them understand communities better than ever before. Many were also surprised at the gap between their perceptions of communities and what the research revealed.

"We saw our communities in a different light and noticed hidden characteristics. There were practices associated that led to exploitation and poverty."

There was also the astonishment of recognizing that previous work had perhaps not actually reached the most vulnerable people in the community. One manager said:

“In the past, we have just been working on the middle, not the most bottom levels, of poor health. Before, we were focused only on service delivery mechanisms by working with the government. We ignored the voices of the community. This kept us distant from the community. Now we are really working from the bottom up. This is the way when listening to communities.”

Field-based staff members had similar realizations. One said:

“It seems that we have been activity-driven rather than driven to strengthen communities ... Now I see that we need to change things the way they are in communities to make a lasting impact. This means we have to have an empowerment focus.”

As another manager put it, staff members are starting to “think outside the box” of their previous, less reflective way of working. Their way of working was transformed – not by facts brought out by research, but by the reflective learning process involved. For instance, staff began to see that access to contraception and planned birth spacing was not just a reproductive health issue; it had a much broader impact on the general health of women and children. Other influences identified included: restrictions on women’s mobility; restrictions on women’s access to education and income; early marriage as a means of controlling women’s sexuality; and the additional layer of caste systems further controlling access to resources. Staff members were able to change their narrow service-delivery viewpoint toward one that considered wider issues of poverty and gender inequity. These sorts of changes in perspective meant the research could, in turn, produce genuine change in the design and delivery of services.

“The findings from these studies are no different from what other agencies have come up with in the past... we knew this information. The difference is that RACHNA staff were involved in this process.”

“When talking about exclusion – gender and caste – we now know it’s an active exclusion. We used to assume that it was passive exclusion, blaming the (beneficiaries) because they are ‘lazy’...”

“A culture of questioning evolved among staff.”

*“How did we let these inequities go unnoticed during our everyday visits to the field?”
Female staff member,
CARE India*

Challenges

As staff dug deeper, unexplored issues of social exclusion inevitably arose. For instance, members of “lower” castes were denied access to clean drinking water, which meant they had to get water from unhygienic sources such as stagnant ponds. The negative health implications were enormous. But staff members had only been working in areas surrounding clean water sources, so they had really only been working with people in “higher” castes.

Staff members were also disappointed because the analyses raised some issues that, at that time, lay outside the program scope. Researchers had to listen to reports of child marriage, dowry harassment and serious domestic violence, knowing there was nothing they could do. Staff members questioned how they could address such problems, given project limitations and narrowly defined indicators.

Another challenge was that non-governmental organization (NGOs) and social research organizations think and operate very differently. For example, one of the agencies involved in this work usually undertakes research initiatives that last two to three years, a length of time it feels necessary to deliver quality results that have been implemented, tested and analyzed with academic rigor. CARE India wanted a product completed in two to three months, because to meet the needs of donors, projects needed to quickly carry out research, integrate findings into practice and be able to demonstrate solid results. Expectations of what the analyses could, or should, look at also differed. One of the agencies wanted in-depth focus on only one health theme, while CARE India wanted more exploratory research across a range of nutrition, maternal and child health, and reproductive health issues.

A word of caution

Working with external partners to analyze inequities can provide a valuable injection of expertise and a different perspective. But these relationships have to be carefully negotiated to make sure both partners get what they want. Having frank discussions from the start about timetables, expectations and constraints (as CARE India did) will make negotiation much easier.

Time was a challenge everyone faced. The daily need to implement and hit targets is often seen as hindering the development of reflective learning in projects and programs, though implementation and reflection should go hand in hand. Monitoring and evaluation systems should help track gender and social inequities, but too often the focus falls exclusively on quantitative data collecting. RACHNA is now looking to amend its reporting systems to capture more qualitative information. RACHNA's greatest challenge, given the sheer scale of populations, number of staff and geographic area covered, is to integrate ongoing reflective practice into fieldwork and project design, monitoring and evaluation.

Did anything change?

The findings revealed unexpected programmatic gaps, resulting in reexamination of and renewed focus on RACHNA. The program had consistently produced significant health improvements across all states, but staff did not know how RACHNA had created gender- and caste-based barriers to health services. So while the numbers revealed effective change, they did not show the discrimination and poor governance that had been institutionalized in CARE's programming. Consequently, CARE India is shifting focus from activity to critical analysis of community power dynamics. Where once CARE staff members struggled to identify rights-based and gender-sensitive strategies, they are now generating numerous ideas that counter social exclusion and poor governance. Internal organizational strategies have followed. These emerged organically from the analysis findings, not as a blueprint outline for field staff. It was critical for senior-level leadership to provide space for this approach to take place.

New RACHNA rights-based and gender-sensitive strategies: organizing women in collectives, creating a strong cadre of change agents in communities, implementing short learning cycles and innovative pilots, and facilitating meaningful engagement with government systems.

New RACHNA internal organizational strategies: building staff capacity in gender and social analysis, promoting a culture of reflection and questioning, investing in reflective documentation and learning, gaining mission-level support to strengthen work on gender and diversity, and engaging in state-level networks and alliances.

The analysis showed staff members that their work had either overlooked crucial underlying factors behind inequity or had assumed those factors could not be tackled. An example is the extremely heavy workload borne by most women. Staff knew heavy workloads were linked to poor maternal and child health, but they were nevertheless seen as relatively unimportant. Social analysis helped staff realize that workloads are directly linked to inequities and should be challenged.

In another example, the program in Chattisgarh began promoting and defending women's active involvement in village governing councils. Staff thought that just because women attended the council meetings, equality had been promoted. But women who attended were actually not involved in decision making. In another project, where self-help groups had traditionally focused on micro-credit schemes, the focus was widened to look at decision making at the family level and to advocate for greater equality for women in this area. Though there are no simple solutions to these issues, staff members are now at least aware that there are problems. They are confronting misconceptions that have led to program gaps. They are continuing to engage communities through participatory methodologies. And they have also realized the importance of staff reflection – contemplating their own experiences with gender and sexual inequities while also exploring how their beliefs impact their work and the communities they work in. As a result, support and solidarity among the staff and partners has increased.

Making 'all this gender stuff' real

"I never understood all this gender stuff. Now I really see it. A village woman in Jarkhand is not allowed to touch the plow. That means that she can never earn the same livelihood like her husband."

Male staff member, CARE India

RACHNA is planning to use the results of the analyses to design pilot projects that take a more holistic approach to gender and social inequities. The program is also considering changes to reporting systems to help ensure that these inequities remain visible in RACHNA projects. RACHNA plans to keep working with the two organizations involved in the analyses, and to continue building staff capacity to question the work CARE staff members do themselves. From the whole analysis process, CARE India learned that it is not enough to do a situational analysis at the start of a project. Ongoing reflective analysis, using action-research methodologies, is needed as situations change throughout the life of an intervention.

Bangladesh: reflecting on change

Background

CARE Bangladesh has been particularly active in embracing a rights-based approach to programming. In the process, leadership and staff realized that existing monitoring and evaluation (M&E) frameworks do not really allow for monitoring or evaluating qualitative changes related to empowerment.

The Most Significant Change methodology was introduced to CARE Bangladesh's HIV/AIDS program so staff members could try using this approach to capture qualitative changes and learn from the process of creating change.

How was a more reflective approach developed?

Volunteer outreach workers, CARE Bangladesh field-based staff, and staff from partner NGOs asked street- and brothel-based sex workers: "What is the most significant change that you have experienced during the past three months?"

The question was open-ended and made no reference to the CARE Bangladesh project underway in the five areas. This was to ensure that the storytellers could decide for themselves what change was important. Any link to the project would have shown an assumption on CARE's part that sex workers should consider CARE's work important.

The sex workers told their stories, which were written down by the outreach workers (who also were sex workers) and staff. Several Bangla dialects were spoken, so the story collectors took pains to ensure they used the right dialect with the women. A total of 36 stories were collected and taken to the CARE Bangladesh M&E team. Team members read each story and identified those they felt were most significant.

Then the team returned to the story collectors and verified their understanding and analysis of the stories. The team felt that the most significant stories described how women reduced inequities in their personal and social relationships, including:

- Being able to dress as they like, which included wearing footwear (previously prohibited)
- Winning access to education institutions for their children
- Having the right to a burial place
- Having greater ability to negotiate with clients on safer sex practices
- Winning the right to open a bank account
- Gaining freedom after years of bonded labor
- Increasing involvement in self-help groups, rallies, etc.
- Winning administrative and local support against a brothel eviction

What were the benefits of working this way?

A senior program manager said the process of collecting and analyzing the MSC stories gave staff insight into what the sex workers felt was important. He said stories about the

women wearing shoes or securing education for their children, for example, had given staff valuable “food for thought” about the women’s perspectives and the everyday inequities they face. This was true of staff members who collected the stories, as well as those who analyzed them. In addition, the team reported that the volunteer outreach workers had increased their self-confidence and sense of engagement with CARE. They felt their skills in building relationships with sex workers were important to the entire MSC process. Outreach workers were also able to see that the experiences of disadvantaged and vulnerable women were important to CARE as an organization.

Challenges

Collecting the stories required skill in both Bangla and its dialects. And writing the stories down verbatim required a great deal of awareness and confidence. The story collectors had to put aside their own understanding of development and really listen to what the storytellers were saying or writing. It was critical that these narratives reflected the storytellers’ real voices; development-speak concepts such as such as empowerment or participation could be introduced during analysis, if appropriate.

There was also a danger that collecting stories, then taking them elsewhere to be analyzed, could actually be disempowering for the women involved. CARE Bangladesh will assess this danger as it proceeds with the MSC pilot.

Working qualitatively is also challenging for many staff members who expect that community research means collecting quantifiable data or basic demographics. For some staff members, there was a strong temptation to introduce existing ways of working into the MSC, which for them represented a completely new way of monitoring and evaluation.

Because this exercise was a pilot, CARE Bangladesh was unsure how to share information from the stories within and across projects. This is being addressed as the pilot progresses. Similarly, the M&E team must figure out how to incorporate MSC into the M&E system. This will involve a reevaluation of reporting existing frameworks, which will take time and effort.

In general, finding time and energy to think about adopting new ways of working, while still meeting old objectives and timelines, is a major challenge for all staff.

Did anything change?

This work is still in its early stages. A second round of MSC story collection was underway as this report was being written. The M&E team had identified the need for technical assistance to provide support in the early stages of MSC capacity development within the country office.

However, CARE Bangladesh is already considering ways to amend its reporting formats within its HIV program to build qualitative principles of MSC into everyday work. In addition the MSC process has enabled staff at different levels, including those in the field and on M&E teams, to really focus on what is happening in sex workers’ lives.

One of the best results of the workshop was CARE Bangladesh’s willingness to use MSC throughout the country. The country office is drawing on national and international expertise to mainstream MSC methodologies for organizational change, learning and evaluation in a multi-year, countrywide women’s empowerment initiative.

Common themes

Benefits

- Usually, staff members appreciated opportunities to reflect on their work, question their own assumptions and develop a deeper empathy with communities.
- Staff members realized they do not have to be experts, with an answer for every situation or inequity.
- Reflective practice was key to increasing solidarity and empathy with the community - gradually moving away from “them and us” (i.e., project clients passively receiving services from project staff) to “we.”
- Comparing MSC stories with key objectives helped identify project gaps and highlight opportunities for deepening the quality of the work.
- Donors were interested in qualitative changes in the field.
- Reflective practice enabled staff members to question the everyday realities of their work and to understand it better. It also helped them better understand their own position, particularly by thinking about their values and attitudes and how these may influence their work.

Challenges

- Country offices must avoid being “terrorized by logframe”; traditionally, logframe designs have focused on quantitative indicators and clearly defined services, which can make developing more reflective, participatory work a real challenge.
- At both the country office and regional management unit level, CARE needs to step up advocacy efforts with donors to provide for more reflective, less formulaic ways of working.
- A more qualitative, questioning approach should not mean prying into the lives of project participants. Staff members need to ask themselves: Are their questions vital to the project or are they just curious? It is easy to become a voyeur.
- Learning by inquiry asks staff to head into largely uncharted territories by adopting a much more open approach to project design, implementation and M&E. Early on, it can be overwhelming.
- For reflective learning to take place, it needs to be integrated into all of CARE’s day-to-day work. Reflective learning is a highly useful process to use throughout the project cycle, from initial design to final evaluation.

“People do their best when they are given the opportunity to learn by enquiry and discovery.”

(Gerry Katz, 1995)

Readings and Resources

Readings

- Ellis, G. (2000). Reflective learning and supervision. In: L. Cooper, & L. Briggs (Eds.), *Fieldwork in the Human Services*. St Leonards, NSW: Allen and Unwin.
- Freire, P. (1972). *Pedagogy of the Oppressed*, Penguin, Harmondsworth.
- Grant, A. (1997). A multi-storied approach to the analysis: narrative, literacy and discourse. In: *Melbourne Studies in Education*, volume 38, pages 31-71.
- Katz, Gerry (1995). Facilitation. In: C. Alavis (Ed.), *Problem-Based Learning in a Health Sciences Curriculum* (pp. 52-70). London: Routledge.
- Kolb, David A (1984). *Experiential Learning: Experience As the Source of Learning and Development* Englewood Cliffs, NJ: Prentice-Hall
- Mezirow, Jack (1998). On critical reflection. *Adult Education Quarterly*, 48(3), 185-198.
- Moon, Jenny A. (1999). *Reflection in Learning and Professional Development: Theory and Practice* London: Kogan Page
- Oakley, Peter (2001). *Evaluating Empowerment: Reviewing the Concept and Practice*, INTRAC NGO Management and Policy Series No. 13. Oxford, England: INTRAC.
- Peavey, Fran (1999). *Strategic Questioning for Personal and Social Change*.
- Rossmann, Gretchen B, & Rallis, Sharon F (2003). *Learning in the Field: An Introduction to Qualitative Research* Thousand Oaks, California: Sage Publications.
- Schien, Edgar H. (1980). *Organizational Psychology* Englewood Cliffs, N.J.: Prentice-Hall Inc.
- Schon, Donald (1987). *Educating the Reflective Practitioner* San Francisco: Jossey-Bass Inc.
- Wadsworth, Yolanda, & Peavey, Fran (2004). *Strategic Questions, Conference on Community Development, Human Rights & the Grassroots*. Melbourne, Australia.

Resources

Action Research Resources

Action Research is based on reflective learning. A key principle is that research should involve participants in: identifying their own experiences; deciding on a research issue (What is of most concern? What is of interest and to whom?); then identifying possible responses, talking through who could do what, and how; implementing change and reflecting on that change; and repeating the process in a cycle of experiencing, reflecting, responding and learning (Yoland Wadsworth & Fran Peavey, 2004). In addition to defining Action Research, this Web site (<http://www.scu.edu.au/schools/gcm/ar/arhome.html>) provides access to the international refereed journal *Action Research International*; an online action research and evaluation introductory e-mail course; resource papers on action research; and links to other relevant sites.

Crabgrass

Crabgrass is a small, U.S.-based NGO that takes a Participatory Action Research (PAR) approach. It works with an Indian environmental NGO, as well as a crafts project for displaced and refugee women in the former Yugoslavia. The organization's Web site (www.crabgrass.org) contains writings by Fran Peavey (a key contributor in the development of PAR) and links to some interesting organizations such as the Buddhist Peace Fellowship, the Center for Third World Organising and the Association of Women in Development. Links are organized under: non-violence, human rights, social justice, women, conflict resolution and development.

Research Initiatives Bangladesh (RIB)

This NGO promotes and funds research on poverty alleviation, provided the research is in response to a community-identified need and is carried out by community members. RIB takes a very action research-oriented approach to its work; the organization is also involved in establishing a network of organizations working on poverty alleviation in Bangladesh from a participatory standpoint. The site (<http://www.rib-bangladesh.org/>) offers links to other Bangladeshi organizations working on poverty alleviation.

Institute of Development Studies (2000 - Research Overview)

The Institute is at the forefront of helping develop Participatory Rural Appraisal (PRA), which feeds into Participatory Learning and Action (PLA) and other methodologies that aim to promote active participation of target groups. Its Web site (www.ids.ac.uk/ids/particip/research/index.html) has a host of interesting articles, as well as links to research reports on participation and policy, citizenship and participation, the theory and practice of participation, and organizational learning and change.

Livelihoods Connect

This Web site (www.livelihoods.org/index.html), supported by the UK Department for International Development (DfID) and the Institute of Development Studies, aims to share learning on the Sustainable Livelihoods Approach with distance-learning materials, organizational links and a toolbox "to help in using sustainable livelihoods approaches at different stages of the project cycle." The tools fall under six main headings: Policy, Institutions and Processes (including a new tool for analyzing power); Programme Identification and Design; Planning New Projects; Reviewing Existing

Activities; Monitoring and Evaluation; and Ways of Working (including Appreciative Inquiry, a qualitative research methodology linked to Action Research, Participatory Action Research, Participatory Learning in Action and Most Significant Change).

Exchange

Billed as “a networking and learning program on health communication for development,” this Web site (www.healthcomms.org/index.html) – hosted by Healthlink Worldwide and supported by DfID – covers five areas: HIV/AIDS Communication, Social Mobilization, Learning Evaluation, Integrated Communications and Capacity Development. It offers a wide range of resources such as discussion papers, reports on health communications field work and more theoretical work. The site also offers good opportunities for networking with other health communication projects, plus links to other sites. The Most Significant Change methodology featured in this paper’s case studies is also discussed.

Praxis - Institute for Participatory Practices

Praxis (<http://www.praxisindia.org>) is a not-for-profit, autonomous, development support organization (set up by ActionAid India in 1997) seeking to facilitate the promotion of participatory practices in human development initiatives in an integral manner. In the relatively short period since its inception, it has become recognized as an international resource agency at the forefront of participatory practices.

Most Significant Change (MSC) Resources

MSC Listserv

MSC is a qualitative monitoring and evaluation process that is becoming increasingly popular in development agencies. First developed in Bangladesh, this process uses participants’ own stories of change. An MSC listserv (online discussion group) offers access to documents on the use of MSC in numerous countries, including Afghanistan, Australia, Bangladesh, Ethiopia, Finland, Ghana, Malawi, Mozambique, the Philippines and Zambia. There is also an easy-to-follow guide to using MSC, *2004 Australia: Jess Dart’s MSC Guide*. To subscribe to the listserv, e-mail: MostSignificantChanges-subscribe@yahoogroups.com

MandE News

This is a news service “focusing on developments in monitoring and evaluation methods relevant to development projects and programs with social development objectives.” It is edited by Rick Davies, who, with Jess Dart, is pioneering MSC work. Its Web site (www.mande.co.uk) offers an open forum for discussion as well as e-mail updates. Topics covered include Evaluation Centers, M&E Units within Development Agencies, Evaluation Societies and Networks, and Networks on Analysis and Evaluation. (For the latest news on MSC, it is best to use the listserv mentioned above.)

Appendix A: most significant change

Self-help guide to implementing the Most Significant Change Technique (MSC)

(Jessica Dart and Rick Davies, 2004)

The aim of this guide is to help groups design an MSC system for their programme or project. The guide splits MSC design into 8 steps. Each step is described, then some questions are asked in relation to the step. Hopefully, answering these questions will help your group develop an appropriate MSC process. This document was designed to be used as part of a one-day training workshop in MSC – it was not intended to be a stand-alone document.

Overview of MSC

MSC involves the collection and systematic participatory interpretation of stories of significant change. Unlike conventional approaches to monitoring, MSC does not employ quantitative indicators, but is a qualitative approach.

The MSC approach was originally developed by Rick Davies through his work with a participatory rural development project in Bangladesh in 1994. It has since been adapted and widely promoted by Jessica Dart in Australia. Information about the MSC approach has also been made available globally through a MSC approach internet discussion group set up in 2000, which now has more than 120 members. Access to the mailing list and papers concerning the work of Rick, Jessica and others can be found at:
<http://groups.yahoo.com/group/mostsignificantchanges>

In 2000 the name Most Significant Change Approach was settled on as it embodies one of the most fundamental aspects of the approach: the collection and systematic selection of reported changes.

Overview of steps to design an MSC process:

1. Starting
2. Establishing 'domains of change'
3. Collecting significant change (SC) stories & consider ethics
4. Determining who will review the SC stories
5. Determining a process for reviewing the SC stories
6. Feedback
7. Verification
8. Secondary analysis /meta monitoring

1. Starting

One of the most daunting steps is getting started. Often there is scepticism about the validity of the technique, and fears that it will take too much time. It often takes an enthusiastic

individual or small group to raise interest in MSC by visiting key people/groups and presenting the methodology. It can help to present SC stories from other projects and to show example reports. These can be downloaded from the web site.

It is also worth presenting the technique simply - presenting all the theory at the start only confuses people. Many practitioners will not be interested in, nor need to understand, all the theory behind MSC. The message that needs to be conveyed at the start is that MSC is simple and straightforward to implement. In order to raise interest in MSC, it also helps if there is clarity about the purpose of MSC and the role it will play in an organisation. It cannot be stressed too often that MSC is not intended to be a stand-alone technique in monitoring and evaluation.

Another really important lesson we have learned from experience is to start small. It is a risky exercise to implement a huge and complicated MSC system without first piloting it on a smaller scale. Every organisational context is different, so MSC will have to be moulded somewhat to your particular context. Because of this, it pays to conduct a pilot and learn what works and what does not work.

When piloting MSC look for people and sections of your organisation that are most interested and enthusiastic about the potential of MSC.

Questions:

How will you get 'buy in' from the people who will be involved in creating/selecting SC stories?

Where can you begin - is there a small pilot that you can test first?

Who are the best people to capture the first SC stories from?

2. Establishing domains of change

What are Domains?

Domains are broad and often fuzzy categories of possible changes. For example, participants in the MSC could be asked to look for significant changes in four domains:

- Changes in the quality of people's lives
- Changes in the nature of people's participation in development activities
- Changes in the sustainability of people's organisations and activities
- Any other changes

A domain of change is not an indicator. Indicators are almost the opposite. Indicators are supposed to be SMART (Specific, Measurable, Achievable, Relevant and Timebound changes). Indicators need to be defined in such a way that everyone has the same interpretation of what they mean. On the other hand, domains of change are deliberately 'fuzzy', enough to allow people to have different interpretations of what constitutes a change in that area.

Why use Domains?

Dividing SC stories up into domains can make story selection process easier to manage. If

you have domains, SC stories from each domain can be considered separately, so that you are not comparing 'apples to pears'. This helps if you are going to collect and select among many SC stories.

There are two main ways of determining domains, the first distinguishes SC stories by their content the second by stakeholder groups:

1) If domains are to refer to the content of the SC stories, many organisations base the domains on their pre-existing high order objectives. This allows them to track whether they are achieving their objectives. Alternatively new categories can be developed.

2) Domains can be used to help describe SC stories from different stakeholders eg: significant changes from beneficiaries, from programme staff, from partners.

Tips:

- *You can start without domains and allow them to emerge*
- *We suggest you don't have more than 4-5.*
- *You can have a 'lessons learned domain' to pick up on the negatives*

Questions:

Will you use domains?

Who will select domains? Top down/bottom up?

How will the domains be selected?

How will 'lessons learned' domains be handled?

3. Collect the significant change stories

There are many ways to collect SC stories such as by interview or through group discussion. Ideally SC stories will be 1-2 pages long, and will be documented at some stage.

Questions:

Who will tell the SC stories?

Who will collect the SC stories?

How will they be collected?

How/when will they be documented?

How will you ensure that the collection process is ethical?

How often will SC stories be collected?

4. Determine a structure to select significant change stories

A central idea in MSC is the use of a 'hierarchy' of selection processes. This helps reduce a large volume of locally important SC stories down to a small number of widely valued SC

stories. The use of multiple levels of selection enables this to happen without overburdening any individual or groups with too much work, despite the participatory nature of the selection process. Therefore, in designing an MSC process for your project/programme – you need to consider who should be involved in the selection process.

Questions:

Who would benefit from reading & selecting SC stories?

How could the selection process work?

Map out a possible structure

5. Selection process

Often story selection begins with a group of people sitting together, with a pile of documented SC stories which may or may not be assigned to domains. The task of selecting SC stories is to reduce the pile of stories down to one story per domain. So if there are four domains, in each domain the participants will select a story that they believe represent the most significant change of all. If the SC stories have not yet been designated against domains, this is the one of the first jobs to be done.

The selection process invariably begins with reading some or all of the SC stories out loud or individually. We tend to prefer reading the SC stories aloud, as it brings them to life. But the effectiveness and practicality of this of this may vary with context.

If the SC stories have already been allocated domains, then stories from each domain are considered as separate groups. From here various facilitated and unfacilitated processes can be used to help participants decide which are the most significant stories. Whatever process you use to select the stories, it is most important to remember to document the reasons why certain stories were selected over the others.

We encourage you to experiment with different selection processes to find one that best suits your cultural context. While various processes can be used, the key ingredients to story selection are:

- > Everybody reads the SC stories
- > Hold an in-depth conversation about which ones should be chosen
- > Come to a decision with regard to which stories everyone feels to be most significant -try to reflect all views (eg. Choose 2 if necessary or add caveat if you cannot reach agreement in the time available)
- > Document the reasons for the choice.

We think it is quite important to do this in an inductive way - that is to choose the story first, then discuss the criteria afterwards. The process tends to be more productive than if you set the criteria in advance.

Questions:

How will you select the SC stories?

How will you make sure that everyone in the group is happy with the choice?

How/ who will record the reasons for choosing the story?

6. Feedback

It is really important to feed back your selected SC stories and the reasons for the choice to the relevant people. Then the next round of SC stories can benefit from the feedback.

Different ways to provide feedback include:

- via representatives
- email feedback
- verbal feedback
- newsletters
- formal report

Questions:

How will feedback be communicated?

What will the feedback cover? (comments on all SC stories or just those selected?)

7. Verification

There are two ways in which reported changes can be selected for verification:

Making random checks of reported changes. This method is not advocated and we don't know of any organization that has made use of random checks.

Making checks on those changes that have been selected as most significant of all, i.e., those that are selected as most significant at all levels, from the field level, through middle management, up to senior management. Given the weight of meaning attached to these reported changes it makes sense to make sure that the foundations are secure, in the sense that the basic facts of what happened are basically correct..

Questions:

Will you verify any of the SC stories?

If yes – which SC stories?

If yes – what aspects will be verified?

Who will verify them and how /when?

8. Monitoring MSC and Secondary analysis

Often a spreadsheet is used to help record where the SC stories come from. Things that might be included are:

gender/region/ of storytellers
outcome of the selection process
frequency of SC stories.

Questions:

How will you monitor and store the SC stories?

If you will use a spreadsheet – what information will you record?

Who will do this?

Secondary analysis

Some organisations choose to analyse the SC stories en masse – both those selected and those not selected. This can be done in a variety of ways such as thematic analysis.

Appendix B: sexual behavior discussion

Discussion ideas for challenging barriers to safer sexual behaviours

(Fletcher, 2004)

This activity is intended to encourage participants to think about sexual health and lived experience of sexuality in context. The emphasis is placed on real-life experience and how project work can be adapted to recognise and respond to the realities which affect promotion of behaviour change.

1. **Work in gender-segregated groups.**
2. **Ask participants to list what THEY think are the barriers to safer sexual behaviour (the things which make adoption of safer behaviour difficult) among their friends or in their communities.**

Depending on time, ask participants to list answers to one, some or all of the following questions:

What are the barriers to condom use among –
 your male friends?
 your female friends?

What are the barriers to abstinence among –
 your male friends?
 your female friends?

What are the barriers to fidelity among –
 your male friends?
 your female friends?

What are the barriers to seeking sexual health care among –
 your male friends?
 your female friends?

Make sure that participants list barriers for men, and barriers for women, separately (regardless of the gender of the group).

Once people have listed as many barriers as they can think of (for men and women), ask them to rank the barriers in order of importance. Make one the biggest barrier, two the second biggest barrier and so on.

3. Feedback to the whole group.

Facilitator to listen carefully for discussion points and guide a group discussion. Issues to consider might include:

Did everyone agree on the rankings (both in groups, and between groups)?
If not, why not?

Did all the groups have similar barriers – or did one group list barriers which other people hadn't thought of? If so, what does everyone else think of those barriers?

What are the differences between the barriers for men, and the barriers for women?

Did the women participants understand the barriers faced by men? Did the men understand the barriers faced by women?

4. Role plays.

Break into pairs. Give person A in each pair one of the barriers just identified without the other person seeing it. Tell person B the general subject area – e.g. condom use, abstinence, fidelity, seeking sexual health care.

Person B is to play the role of peer educator. The peer educator knows that her (or his) friend seems reluctant to use a condom / abstain from sex / be monogamous / or seek sexual health care. She (or he) does not really know why. Person A knows why she (or he) is reluctant to change - it is because of the barrier to behaviour change.

Give each pair 10 minutes to role play a conversation about person A's behavior.

5. Feedback to the whole group.

Bring together all person As in one group, and all person Bs in another group. Ask them to feedback to each other their experience of the conversation, and particularly to think about: What was difficult in the conversation? Did either person feel frustrated? Did they feel listened to? Did they feel that their opinions were responded to? Ask each group to make careful notes of their responses.

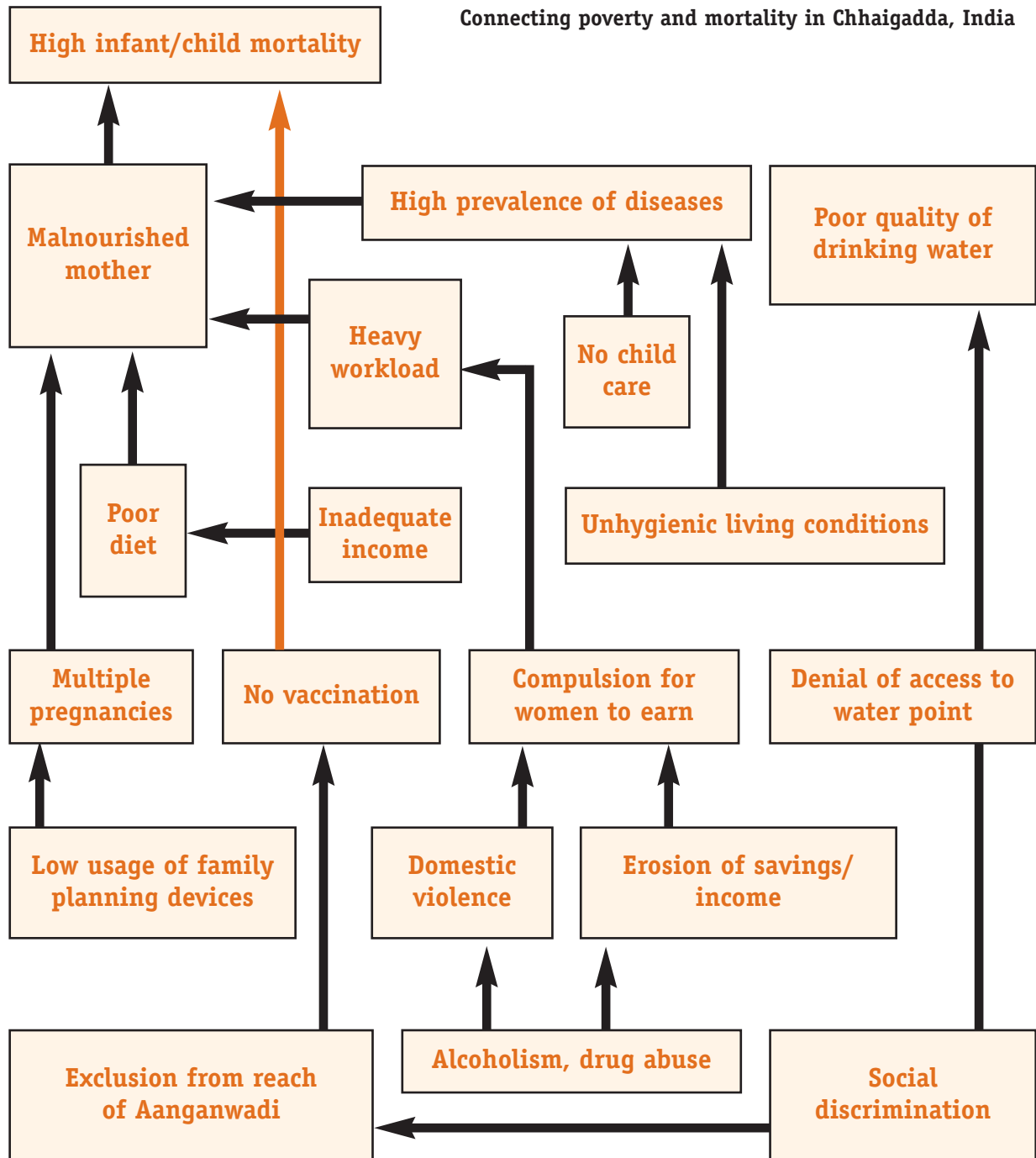
Ask the person A group and the person B group to feedback to each other.

6. Review issues arising, and consider what they might mean for project implementation.

Group brainstorm on issues arising. What do participants think about the work they have done? Do they think it's relevant to their field work? How? If they think the work is relevant, how can it be incorporated into practice? What changes could be made?

If possible, conclude with a list of very practical points for the project to think about.

Appendix C: connecting poverty and mortality



Appendix D: strategic questions for change

Strategic Questions for Change and Improvement

IP statement – This material is based on: ©Fran Peavey (1994) “Strategic Questioning”, By Life’s Grace, New Society Publishers, Philadelphia, PA, USA pp. 86-111

Also: www.crabgrass.org/strategic.html

This version has been revised as at 16 November 2004 and is by © Yoland Wadsworth 2003 in association with Fran Peavey.

Introduction

Action research is a methodology that has taken up the challenge of researching desired changes *during the process of the inquiry itself*. Additionally it then treats answers to questions as worthy of testing, and then moves to trial ideas in practice in a form of ‘naturalistic experimentation’. By not restricting its questions to only asking about ‘how things are or have been’, and by being clear about its purposes of wanting change or improvement to some situation, service or program of activity, it is able to move to ask a different kind of question.

Drawing on Fran Peavey’s term – we name these kinds of research questions ‘strategic’ questions. Fran has produced a systematic and comprehensive framework (which follows in summary and revised form) for assembling both retrospective and prospective questions. In action research, all these questions can be asked in the course of an inquiry.

Thus, instead of getting to the end of research or evaluation and having to think up recommendations based on the writer’s own personal assessment of the situation, these questions allow recommendations and changes to emerge and be tested during the research ‘field-work’ or ‘data-collection’ per se.

Yoland Wadsworth has made some modifications to Fran’s schema (for which Fran is not responsible) based on her own work experience and thinking, particularly as she realized the connections to other bodies of practice. For example, the SWOT analysis from the business world sits nicely in Fran’s ‘consequences-considering’ moment; or the questions may typically in action research be asked of both individual participants and stakeholder groups - ‘you’, ‘us’ and ‘I’. That is, the individual self (the “me”) can ask these questions of another person (“You”); they may also be used by the self to question oneself (the “I”) in an introspective contemplation, or they may be asked in and by groups (the “We”) as a collectivity or community-of-interest. The ‘feeling’ questions may also belong in Level 2 for those of us who store the discrepancy between an ‘is’ and an ‘ought’ in the body as emotion. By accessing this with questions which surface feeling, there can often be a helpful movement of energy in the direction of change.

Yoland has also added a ‘liminal question’ about whether change is indeed wanted or not.

Focus questions

E.g. what is the issue? What is of concern? What is of interest here?

Observation questions

E.g. what do you see, observe, hear, know, believe, value, think, etc.?

What do others " " " " etc? What do we " " " " " etc?

What do I " " " " " etc?

Analysis (and synthesis) or reflection/theorising questions

E.g. why do you think this is so? What do you think is going on here? What is really going on here? What would be your current theory or conclusions about this at the moment?

Feeling questions

E.g. how do you feel about this?

Liminal (threshold) question

E.g. would you actually want change from the current situation?

Visioning questions

E.g. what would be better? How could this be as you would wish/prefer it to be?

Change (changing the story or theory) questions

E.g. what would it take to bring the current situation towards the ideal/something better?

What would need to change here? How can we think differently about this?

Alternatives-seeking questions

E.g. how else might these changes come about? Name as many ways as possible.

Consequences-considering questions

E.g. considering all the alternatives: what might be the affects in the situation? How would you feel about doing this? What might the responses to it be by all the stakeholders?

What are the associated strengths, weaknesses, opportunities, and threats?

Action questions

E.g. what would you personally like to do about/contribute to this?

What would we as a group, like to do next about/or contribute to this?

Support questions

E.g. what would it take for you personally to be able to do something about this/make a contribution? What support, assistance, information, people and etc. do you (or we) need?

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Yoland runs workshops and offers 'thinking partners' consultancy around the use of these questions in practice, including in complex, difficult, multi-stakeholder practice to achieve the shift to positive change.